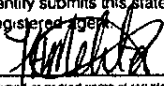
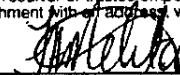


2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 FEB 19 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S59394			
1. Entity Name M.K. HOLDINGS, INC.			
Principal Place of Business 1975 E SUNRISE BLVD. #626 FORT LAUDERDALE, FL 33304 US		Mailing Address 1975 E SUNRISE BLVD. #626 FORT LAUDERDALE, FL 33304 US	
2. Principal Place of Business - No P.O. Box # 200 S BIRCH ROAD		3. Mailing Address 200 S BIRCH ROAD	
Suite, Apt. #, etc. APT 1011		Suite, Apt. #, etc. APT 1011	
City & State FORT LAUDERDALE		City & State FORT LAUDERDALE	
Zip 33316-1522	Country USA	Zip 33316-1522	Country USA
4. FEI Number 65-0274331		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOSHEDAR, MEHTA H 1975 E SUNRISE BLVD. #626 FORT LAUDERDALE, FL 33304		7. Name and Address of New Registered Agent Name MEHTA, FREN E Street Address (P.O. Box Number is Not Acceptable) 200 S BIRCH RD APT 1011 City FORT LAUDERDALE FL Zip Code 33316-1522	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE ☒  DATE 02/16/09 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete WEBB, MICHAEL 1328 ORANGE FT. LAUDERDALE, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition D MEHTA, FREN E 200 S BIRCH RD, APT 1011 FORT LAUDERDALE, FL 33316-1522
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☒ Delete MEHTA, HOSHEDAR H 200 S BIRCH RD 1011 FT. LAUDERDALE, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 200144047332 02/20/09--01003--010 **900.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: ☒ 		Date 02/16/09 954-556-0086	